| مر   |  |  |                                  |                               | **                     | 00 عبر           | <b>PA</b> | BE                 | ST AV                  | 911     | ABLE                | COPY                   |
|--|--|--|----------------------------------|-------------------------------|------------------------|------------------|-----------|--------------------|------------------------|---------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOR   |  |  |                                  |                               |                        |                  |           |                    |                        |         | ockiel Nun          |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                     |  |  |                                  |                               |                        |                  |           | SMALL I            | NTITY                  | OR      | OTHER               |                        |
| TOTAL CLAIMS   |  |  | . 12                             |                               |                        |                  |           | RATE               | I FEE                  | ٦ ً     | RATE                | FEE                    |
| FOR  |  |  | NUMBER FILED                     |                               | NUME                   | NUMBER EXTRA     |           | BASIC FE           | ₹ 355.00               |         | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS  |  |  | 2 minus 20= •                    |                               | •                      | 0                |           | X\$ 9=             | 1                      | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |  | minus 3 =                        |                               |                        | 0                | X40==     |                    | 1                      | 1       | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM P   |  |  | RESENT                           |                               |                        |                  |           | -                  | <del> </del>           | OR      | 7.005               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2           |  |  |                                  |                               |                        |                  |           | +135=              | <u> </u>               | OR      | +270=               | <u>.</u>               |
| ·  |  |  |                                  |                               |                        |                  |           | TOTAL              | <u></u>                | JOR     |                     | 710                    |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |                                  |                               |                        |                  |           |                    | ENTITY                 | OR      | OTHER<br>SMALL      |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | h                                | HIGH<br>NUM<br>PREVIO<br>PAID | BER                    | PRESENT<br>EXTRA | H         | PATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| KON  | Total  | · >#                                       | MATEUR                           | F-                            | $\angle$               | - /              |           | X\$ 9=             |                        | OR      | X\$18=              | •                      |
| M  | Independent  | ENTATION OF M                              | Minus                            | BENDEAT                       | ~                      | • (              | H         | <b>≈</b> 40=       |                        | ОЯ      | X80≈                |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM                |  |                                  |                               |                        |                  |           | +135=              |                        | OR      | +270=               |                        |
| 205  |  |  |                                  |                               |                        |                  |           | TOYAL              |                        | OR      | YOYAL<br>ADDIT, FEE |                        |
| 1-13-05 (Column 1) (Column 2) (Column 3)   |  |  |                                  |                               |                        |                  |           |                    | <del></del>            |         | AUUI. PEE (         |                        |
| AMENOMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMERIDMENT |                                  | PREVIO<br>PAID                | SER<br>SUSLY           | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ş  | Total  | . 12                                       | Minus                            | .20                           | 2                      | • ~              | H         | X\$ 9=             |                        | OR      | X\$18∞              |                        |
| AME  | Independent  | NTATION OF NI                              | Minus<br>ILTIPLE DEI             | PENDENT                       | CI AIM                 |                  |           | X40=               |                        | OR      | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                     |  |  |                                  |                               |                        |                  |           | +135=              |                        | OR      | +270=               |                        |
| ļ  | n Maloh  | <i>/</i>                                   |                                  |                               |                        |                  | A         | TOTAL<br>DOIT, FEE |                        | OR      | YOTAL<br>ADDIT. FEE |                        |
| É  | V /  | (Column 1)                                 |                                  | (Cotum                        |                        | (Column 3)       | _ ا       |                    |                        |         |                     |                        |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENOMENT            |                                  | PREVIO<br>PAID F              | USLY                   | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| 2  | Total  | · 12                                       | Minus                            | . H                           | 5                      | • —              | ſ         | x\$ b=             |                        | OR      | X\$18=              |                        |
| AME  | Independent  | • /  | Minus                            | ••• 3                         |                        | • /              |           | X40=               |                        |         | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |  |                                  |                               |                        |                  |           |                    |                        | OR      |                     |                        |
| H the entry in column 1 is tess than the entry in column 2, write "0" in column 3. |  |  |                                  |                               |                        |                  |           |                    |                        |         |                     |                        |
|  | i the Tiighest Nu<br>I the Tiighest Nu                       | mber Previously Pa<br>mber Previously Pa   | id For IN THIS<br>Id For IN THIS | S SPACE is I<br>S SPACE in    | less than<br>less than | 20, enter "20."  | 74        | TOTAL<br>DOIT. FEE |                        |         | DOIT. FEE           |                        |
| 1  | The "Highest Nurs  | ber Previously Paid                        | For (Total or                    | Independer                    | 4) is the              | dghest rumbe     | toun      | d in the app       | roodata box            | in colu | ma I.               | 1                      |

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